

**Dane County SSI MC Medicaid Waiver Application**  
**Issues to be Decided**  
**December 2004**

Table 1. Decisions made at the State Level

<b>ISSUE</b>	<b>DATE</b>	<b>STATUS/DECISION</b>
1. Sections of Medicaid Regulations to be Waived	9/1/04	a) Section 1902 (a)(1)—Statewide b) Section 1902(a)(10)(B)—Comparability of Services c) Section 1902(a)(23)—Freedom of Choice
2. Definition of Delivery System	9/1/04	An MCO with a fully capitated risk comprehensive contract.
3. Procurement	9/1/04	Sole Source Procurement
4. Geographic Area to be Served by the Waiver	9/1/04	Less than Statewide—Dane County
5. Family Planning Services	9/1/04	The MCO will be required to pay for family planning services from network providers, and Medicaid Fee-For-Service will pay for family planning services from out-of-network providers.
6. FQHC Services	9/1/04	The MCO will be required to contract with at least one FQHC and this will be verified during an onsite visit for provider contract reviews.
7. EPSDT Requirements	9/1/04	The MCO will be required to comply with 1905(a)(4)(b) (services), 1902(a)(43) (administrative requirements including informing, reporting, etc.), and 1905 ( r ) (definition) of the Act related to EPSDT.
8. Direct access to specialists.	9/1/04	If treatment plan or regular care monitoring is in place, the MCO has a mechanism in place to allow enrollees to directly access specialists as appropriate for enrollee's condition and identified needs.

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9. Marketing	9/1/04	The contract between the Department and the CMO will prohibits marketing. The contract will require the MCO to include this prohibition in its provider contracts. All communications sent to enrollees must be approved by the State to ensure MCO compliance.
10. Enrollment Ramp Up	9/1/04	Enrollment will begin in July 2005. Enrollment will phased in depending on MCO capacity.
11. Grievances	2004	<ul style="list-style-type: none"> <li>• The State will comply with Federal Regulations found at 42 CFT 431 Subpart E and section 1932(b)(4) of the Act and 42 CFR 438 Subpart F Grievance System, as applicable.</li> <li>• The State does not require enrollees to exhaust the MCO grievance and appeal process before enrollees may request a state fair hearing.</li> <li>• The State's timeframe within which an enrollee, or provider on behalf of an enrollee, must file an appeal is 45 days.</li> <li>• The State's timeframe within which an enrollee must file a grievance is 45 days.</li> <li>• The State has special processes in place for persons with special needs.</li> </ul>
12. Cost-Effectiveness/Rate Setting	2004	The State is developing rates and the cost-effectiveness model for the waiver application with input from the rate-setting workgroup.

Table 2. Recommendations to be made by Advisory Committee

ISSUE	DATE	STATUS/DECISION
1. Will an enrollment broker be utilized or will the State send out enrollment materials with follow-up from an as yet to be determined organization?	12/1/04	To be determined. If Automated Health Systems Inc. is used, there will be budgetary considerations.
2. Included Populations for enrollment	9/1/04	<ul style="list-style-type: none"> <li>• Blind/Disabled Adults between the ages of 18 and 65.</li> <li>• Individuals with Mental Illness and/or Substance Abuse.</li> <li>• Persons who age into the program (turn 65 while enrolled in the program).</li> <li>• Persons in Community Support Programs.</li> </ul>
3. Excluded Populations	9/1/04	<ul style="list-style-type: none"> <li>• Poverty Level Pregnant Women</li> <li>• Reside in Nursing Facility or ICF/MR</li> <li>• Enrolled in Another Managed Care Program</li> <li>• Participate in HCBS Waiver</li> <li>• Special Needs Children (State Defined)</li> <li>• SCHIP Title XXI Children</li> <li>• Retroactive Eligibility</li> <li>• Developmentally Disabled</li> <li>• MAPP</li> <li>• Over Age 65 (at time of enrollment)</li> </ul>

ISSUE	DATE	STATUS/DECISION
4. Provider Credentialing	2004	<p>These are the steps CLA uses to ensure that providers are qualified:</p> <ol style="list-style-type: none"> <li>1. CLA confirms that the provider is properly licensed by checking the Wisconsin Department of Regulation and Licensing website; and</li> <li>2. CLA confirms that the provider is MA certified by checking with the Wisconsin Department of Health and Family Service.</li> </ol>
5. Identification of enrollees with special health care needs.	9/1/04	The predictive model is being developed. It employs the Chronic Disability Payment System codes to group individuals under diagnostic categories and predicts service utilization and cost.
6. Type of enrollment model used	9/1/04	All In/Opt Out Enrollment Model
7. Length of Opt Out Period during Enrollment	9/1/01	To be determined. Milwaukee will have 120 days from the date of enrollment to opt out.
8. Identify the Developmentally Disabled Population.	12/2004	To be determined.
9. Assessments	9/1/04	<p>The MCO will be required to contact the enrollee to schedule the comprehensive assessment as soon as possible after receiving the signed member response card. Assessments will be conducted within 60 days of enrollment into the program.</p>

ISSUE	DATE	STATUS/DECISION
10. Treatment Plans	9/1/04	<p>For enrollees with special health care needs who require a specific course of treatment or regular care monitoring, the State requires the MCO to produce a treatment plan. If so, the treatment plan meets the following requirements:</p> <ul style="list-style-type: none"> <li>• Developed by enrollees' primary care provider with enrollee participation, and in consultation with any specialists' care for the enrollee.</li> <li>• Approved by the MCO in a timely manner (if approval required by plan).</li> <li>• In accord with any applicable State quality assurance and utilization review standards.</li> </ul>
11. Summary Chart of Monitoring Activities	2004-2005	<p>The Quality Assurance Workgroup is developing an evaluation plan and will make recommendations to the advisory group. The following areas need to be addressed by the plan in the waiver application:</p> <ul style="list-style-type: none"> <li>• Evaluation of Program Impact</li> <li>• Evaluation of Access</li> <li>• Evaluation of Quality</li> </ul>